

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90074 043 ****61.25

DOCUMENT # 715501 1. Entity Name TOWER VALLENCAY OF IBIS ISLE ASSOCIATION, INC.			
Principal Place of Business 2155 IBIS ISLE RD APT. 2 PALM BEACH, FL 33480		Mailing Address 2216 IBIS ISLE RD. PALM BEACH, FL 33480	
2. Principal Place of Business <i>ASSOCIATED PROPERTY MGT.</i> Suite, Apt. #, etc. <i>1928 LAKE WORTH RD</i> City & State <i>LAKE WORTH, FL</i> Zip <i>33461</i> Country <i>US</i>		3. Mailing Address <i>ASSOCIATED PROPERTY MGT.</i> Suite, Apt. #, etc. <i>1928 LAKE WORTH RD.</i> City & State <i>LAKE WORTH, FL</i> Zip <i>33461</i> Country <i>US</i>	
6. Name and Address of Current Registered Agent JOHNSON, DENNIS L 2216 IBIS ISLE RD. PALM BEACH, FL 33480		7. Name and Address of New Registered Agent Name <i>ASSOCIATED PROPERTY MANAGEMENT</i> Street Address (P.O. Box Number is Not Acceptable) <i>1928 LAKE WORTH RD</i> City <i>LAKE WORTH</i> FL Zip Code <i>33461</i>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		(NOTE: Registered Agent signature required when reinstating) <div style="text-align: right;"> DATE <i>3/23/05</i> </div>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GSCHWANDTNER, LAURA 2155 IBIS ISLE RD., #2 PALM BEACH, FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCHOENHOLTZ, DR. JACK 2155 IBIS ISLE RD. #14 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KESSLER, JOHN 2155 IBIS ISLE RD., UNIT TSE PALM BEACH, FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERSTEIN, LARRY 2155 IBIS ISLE RD. #10 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KERSTEIN, LARRY 2155 IBIS ISLE RD., #10 PALM BEACH, FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITOWITZ, BONNIE 2155 IBIS ISLE RD., #11 PALM BEACH, FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHOENHOLTZ, JACK DR. 2155 IBIS ISLE RD., UNIT 14 PALM BEACH, FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input checked="" type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>



03082005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1726586
Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOHN KESSLER

3/24/05 888-524-1565